

# Notice of Public Hearing

Pursuant to Section 22215 of Public Act 306 of 1969, as amended, the Michigan Department of Health and Human Services (MDHHS) will hold a hearing on Certificate of Need (CON) Review Standards.

**Date:** Tuesday, October 27, 2020

**Time:** 9:30 a.m.

**Join from PC, Mac, Linux, iOS or Android via Zoom:** <https://michigan-host.zoom.us/j/92663312087>

**Or by Telephone:**

**USA (215) 446-3656**

**USA (888) 363-4734 (US Toll Free)**

**Conference code: 212089**



## CON Review Standards for Neonatal Intensive Care Services/Beds (NICU)

The proposed language changes include the following:

1. Section 2(1)(v): Revised definition - "Special care nursery services" or "SCN services" means provisions of services for infants with problems that are expected to resolve rapidly and who would not be anticipated to need subspecialty services on an urgent basis. These services ARE:
  - (i) care for infants born greater than or equal to 32 weeks gestation and/or weighing greater than or equal to 1,500 grams;
  - (ii) enteral tube feedings;
  - (iii) cardio-respiratory monitoring to document maturity of respiratory control or treatment of apnea;
  - (iv) extended care following an admission to a neonatal intensive care unit for an infant not requiring ventilatory support;
  - (v) continuous positive airway pressure AND HIGH FLOW NASAL CANNULA (HFNC); AND
  - (vi) mechanical ventilation for a brief duration (UP TO 24 hours).FOR BABIES REQUIRING MECHANICAL VENTILATION EXCEEDING 24 HOURS, SCNS SHALL REQUEST TRANSFER TO A NICU BY THE 24<sup>TH</sup> HOUR OF MECHANICAL VENTILATION. Referral to a higher level of care should ALSO occur for all infants who need pediatric surgical or medical subspecialty intervention. Infants receiving transitional care or being treated for developmental maturation may have formerly been treated in a neonatal intensive care unit in the same hospital or another hospital. For purposes of these standards, SCN services are special newborn nursing services.
2. Section 2(1)(w): Added new definition - "TELEMEDICINE" MEANS THE USE OF AN ELECTRONIC MEDIA TO LINK PATIENTS WITH HEALTH CARE PROFESSIONALS IN DIFFERENT LOCATIONS. TO BE CONSIDERED TELEMEDICINE UNDER THIS SECTION, THE HEALTH CARE PROFESSIONAL MUST BE ABLE TO EXAMINE THE PATIENT VIA A HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996, PUBLIC LAW 104-191 COMPLIANT, SECURE INTERACTIVE AUDIO, VIDEO, OR BOTH, TELECOMMUNICATIONS SYSTEM, OR THROUGH THE USE OF STORE AND FORWARD ONLINE MESSAGING.
3. Section 7(2): Modified the high occupancy methodology to bring it more in line with other CON review standards.
4. Section 9(1)(b)(i): Revised based on the revision in the definition of SCN services.
5. Section 12: Revised based on the revision in the definition of SCN services and the addition of telemedicine.
6. Other technical edits.

## CON Review Standards for Nursing Home and Hospital Long-Term-Care Unit (NH-HLTCU) Beds

The proposed language changes include the following:

1. Section 2(1)(d): Added definition that clarifies the current calculation - "AVERAGE OCCUPANCY RATE" IS CALCULATED AS FOLLOWS:
  - (vii) CALCULATE THE NUMBER OF PATIENT DAYS, FOR WHICH VERIFIABLE DATA ARE AVAILABLE TO THE DEPARTMENT, DURING THE MOST RECENT, CONSECUTIVE 12-MONTH PERIOD, AS OF THE DATE OF THE APPLICATION.
  - (viii) CALCULATE THE TOTAL LICENSED BED DAYS FOR THE SAME 12-MONTH PERIOD AS IN (i) ABOVE BY MULTIPLYING THE TOTAL LICENSED BEDS AND CON APPROVED BUT NOT YET LICENSED BEDS BY THE TOTAL NUMBER OF DAYS THEY WERE LICENSED OR CON APPROVED BUT NOT YET LICENSED.
  - (ix) DIVIDE THE NUMBER OF PATIENT DAYS CALCULATED IN (i) ABOVE BY THE TOTAL LICENSED BED DAYS CALCULATED IN (ii) ABOVE, THEN MULTIPLY THE RESULT BY 100.
2. Previous Section 2(1)(u): Removed "occupancy rate" definition as it's no longer used.
3. Section 3(2): Developed a new bed need methodology to better reflect the need.
4. Section 6(1)(e) and (2)(f): No longer needed with the new bed need methodology.
5. Section 7: Clarified the replacement language when transferring patients.
6. Other technical edits.



Oral comments may be presented during the hearing on Tuesday, October 27, 2020, or submitted in writing by sending an email to the following email address: [MDHHS-ConWebTeam@michigan.gov](mailto:MDHHS-ConWebTeam@michigan.gov)

Please submit written comments no later than 5:00 p.m., Tuesday, November 3, 2020.

If you have any questions or concerns, please contact Tania Rodriguez at [rodriguez1@michigan.gov](mailto:rodriguez1@michigan.gov).